



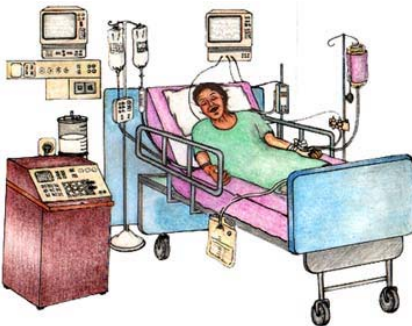
X-Plain™ *Open Heart Surgery-* *What To Expect*

Reference Summary

As you prepare for open-heart surgery, it is natural to feel anxious and concerned about the procedure, and equipment that will be used.

Learning about them will help you to understand their purpose.

In addition, an explanation of the typical sensations associated with them will help you to prepare for how they may feel. Knowing what to expect will ease your anxiety and aid in your recovery.



Each procedure, tube, and piece of equipment plays a special role in helping you to recover. The following information guides you through the experience of open-heart surgery, and explains the common sensations associated with it.

The Evening and Morning Before Surgery

The evening before surgery you will take a shower or bedside bath. You will use a special soap on your chest and legs. This special soap kills the bacteria on your skin and helps to prevent infection after surgery.

The day of your surgery, you will have your body hair removed using a special “clipper” made especially for this purpose. After the hair is removed, you will take another shower or bedside bath using a special soap.

After you have cleaned with the special soap, an intravenous (IV) line will be inserted into your arm and an antibiotic medication will be given with fluid through the soft tube.

You will not be able to eat or drink anything after midnight the evening before surgery.

However, your doctor may want you to take some of your medications the morning of your surgery. The doctor will tell you which medications to take with a sip of water. If you are admitted to the hospital over-

night the nurse will bring you these medications to take with a sip of water. You will be asked to go to the bathroom before you are taken to surgery.

Transfer To the Operating Room

When it is time for you to go to the operating room, you will be assisted onto a cart. You will then be taken to a “holding area.” In this area, you will see other patients on carts who are also waiting for surgery.

You can expect the temperature in this room to be cool. A nurse will be there to make sure that everything is ready before going to the operating room and will help you if you need anything. You can expect to spend about 30 to 45 minutes in this room.

When it is time for the surgery to begin you will be taken on the cart to the operating room. The nurse will help you to the operating room table, which will feel hard and cool.

You will be awake in this room for about 45 minutes. During this time, your arms will be secured to the table and your skin

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will be washed again with the special soap.

After these things are done, the doctor will place an intravenous (IV) line into one or both of your arms. A special IV will be placed along the side of your neck. The IV is a small, soft tube inserted into your vein through which fluids and medications are given.

During insertion of the IV you will feel a quick sting and discomfort at the site.

Once inserted, you will not be able to feel the fluids or medication going through it.

The doctor will give you some medication through the IV that will make you feel very tired and you will fall asleep.

The Surgical Intensive Care Unit

When you wake up from surgery, you will be in the Surgical Intensive Care Unit (SICU).

During the surgery, many tubes are placed and attached to you for the purpose of watching how you are doing. Some of these tubes are attached to pieces of equipment that make different and loud noises such as beeps and buzzes. These noises are called alarms.

When these alarms are heard, it alerts your nurse to check you and adjust the equipment as needed.

In addition, you will feel a tube that is inserted through your mouth and into your windpipe (trachea).



You will also feel tape on the side of your mouth and face that is used to keep the tube secure. This tube is the endotracheal (ET) tube and it is attached to a ventilator, a large machine that breathes for you during and immediately after surgery.

You will not be able to speak with the tube in place, so your nurse will assist you with communicating through hand gestures and notes.

This tube may make you feel like you have to cough or gag. It is important to try to relax and let the machine breathe for you.

As you become more alert and able to breathe on your own, the

tube will be removed and cool, moist oxygen will be given to you through a facemask. The facemask is kept in place by an elastic strap that goes around the back of your head.

Because of the cool, moist oxygen that flows through the mask your face may feel damp and “closed in.”

As you continue to improve, you will be given oxygen through nasal prongs. The nasal prongs fit just inside your nose, and because of the flow of oxygen through them, your nose may feel dry.

You will also have a tube that is inserted through your nose, down the back of your throat, and into your stomach. This tube is the nasogastric (NG) tube and it helps to keep your stomach free from excess stomach fluids during and immediately after surgery.

This tube may make your nostril tickle, your mouth and throat feel dry, and it may be difficult to swallow. You are not allowed to eat or drink while the tube is in place but you may have small pieces of ice to keep your mouth from being too dry.

As you begin to move around in bed, you will feel your surgical incision. The incision will extend along the length of your breastbone.

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If you have had bypass surgery, a leg incision may extend along your inner leg from your ankle to your thigh.

Your incisions will feel painful and sore with pulling felt along the incision. These feelings may increase when you turn or cough.

Your nurse will be watching you for signs of pain. It is also important for you to tell your nurse when you are having pain so medication can be given to you.

In addition to feeling your incisions, you will notice that there are a pair of soft, plastic tubes, the mediastinal tubes (MTs), that are placed just below your breastbone.

These tubes are connected to a container that collects and helps to drain fluid around the heart that occurs after surgery. You may feel tugging on your skin where the tubes enter the chest.

Also, because of the location of the tubes and the tape used to secure them, it may be difficult to move around like you usually do while you are in bed.

You may also notice that there is a tube that is inserted below and left of your breastbone and rib cage area. This tube is called a chest tube (CT) and it is connected to a container that collects and helps to drain fluid

from the chest cavity that occurs after surgery.

Because of the location of this tube along with the sutures and tape, it may feel painful or uncomfortable to turn, cough, or take a deep breath. It is important to remember that your nurse will give you pain medication and help you move around in bed as needed.



The Cardiac Surgery Unit

As you continue to improve, many of the tubes and equipment needed to monitor how you are doing will be removed.

Usually, within a day you will be able to drink fluids. Also, the amount of oxygen you need and the drainage from the surgical area will be less.

It is at this time that you will be ready to move from the SICU to the Cardiac Surgery Unit. However, there are some tubes and pieces of equipment that may still be attached to you.

You will still have an IV inserted in your arm to give you

fluids until you are able to drink enough fluids on your own.

In addition, you may still have oxygen given to you by either a facemask or nasal prongs. Because of tubing attached to the IV and the oxygen, it may feel awkward to move around as you usually do.

These pieces of equipment will be removed when you no longer need them. This is usually in 1 to 3 days.

You will have a soft, rubber tube that was inserted into your bladder during surgery. It is called a Foley catheter and it drains your urine and helps the nurse to monitor how you are doing after surgery. This tube may make you feel like there is pressure in your bladder or that you have to urinate.

This tube is removed within a day after surgery. After this tube is removed you will be asked to urinate in the bathroom or if necessary, the urinal. You may feel burning the first few times you urinate.

As you begin to take a more active role in your recovery, you will notice that your surgical incisions are sore and there may be itching and/or numbness felt along them. You may also see some bruising and/or slight redness around the area. This is part of the normal healing process and will disappear with time.

You may notice that your throat feels sore and irritated. This is because of the tubes that were placed there during and after surgery.

This soreness will get better in a few days, and there are throat lozenges and sprays available to help ease this discomfort.

You may also notice that your wrist is bruised and sore.

This is because of a blood pressure monitoring IV that was placed there during surgery. This too will improve in a few days.

When looking at your chest incisions, you will see two small wires (pacing wires). These are placed on each side of your incisions, just below your rib cage. These wires may be attached to a pacemaker to regulate your heart rate if needed.

You will not be able to feel the wires attached to your heart. However, you may feel the tape that is used to secure the wires to the skin. Also, you may feel a tugging sensation on your skin when the wires are cleansed each day. The wires are only temporary and will be removed in 2 to 3 days.

Summary

The health care team is dedicated to providing you with information to help you to understand the experience of open-heart surgery.

Knowing about the typical sensations associated with the procedures, tubes, and equipment will help to ease the anxiety associated with them and help you to understand your role in the recovery process.

Your involvement is important and you are encouraged to ask questions about any concerns you may have.

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